**GOVERNMENT OF ANDHRA PRADESH**

**A B S T R A C T**

HM & FW – CSS – Maternity Benefit Programme – Named as PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY) - Launching of the Programme in the State and for formation of Committees for its implementation – Orders – Issued.

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**HEALTH, MEDICAL & FAMILY WELFARE (E.2) DEPARTMENT**

**G.O.MS.No. 196** **Dated: 21-12-2017**

**Read the following:**

1. From the CH&FW & ED, NHM, A.P., Vijayawada,
   Letter No.253 / S4/MHN/ 2017, dt.25.10.2017& .11.2017.
2. Programme Implementation Guidelines of PMMVY.

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**O R D E R:**

The Government of India have introduced the Maternity Benefit Programme, named as Pradhan Mantri Matru Vandana Yojana (PMMVY) and it would be implemented in all the districts of the country w.e.f.01.07.2017, in accordance with the provisions of the National Food Security Act, 2013.

2. Under this programme, a cash incentive of Rs.6000/- in Rural Areas & Rs.5600 in Urban Areas would be provided directly in the account of Pregnant Women and Lactating Mothers (PW&LM) for first living child of the family subject to their fulfilling specific conditions relating to early registration of pregnancy, ANC, institutional delivery in Government approved hospitals and immunization

**Objectives of PMMVY:**

i) Providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child.

ii) The cash incentive provided would lead to improved health seeking behavior amongst the Pregnant Women and Lactating Mothers (PW&LM).

**A) Target Beneficiaries**:

i) All eligible Pregnant Women and Lactating Mothers who have their pregnancy on or after 01.01.2017 for first child in family.
ii) The date and stage of pregnancy for a beneficiary would be counted with respect to her LMP date as mentioned in the MCP card.

| Instalment | Conditions | Means of verification | Amount |
|---|---|---|---|
| First instalment | Early registration of pregnancy (within 150 days from the date of LMP) | MCP Card duly certified by officer functionary of health department / not below the rank of ANM | Rs 1000/- |
| Second instalment | Received at least one ANC ( can be claimed after 6 months of pregnancy) | MCP Card duly certified by officer functionary of health department / not below the rank of ANM | Rs. 2000/- |
| JSY | Institutional delivery in Government facilities | MCP card duly certified by facility incharge | Rs. 1000 in rural areas and Rs.600 in urban areas |
| Third instalment | Child birth is registered<br>Child has received first cycle of BCG, OPV, Pentavalent&Hepatitis -B | Delivery should be in Govt. approved facilities.<br>Photocopy of Birth Certificate (provisional) issued by competent authority of the State /UT .<br>MCP Card with immunization details duly by an officer / functionary of Health Department not below the rank of ANMs. | Rs.2000/- |

(P.T.O.)

**B) <u>Payment to beneficiaries</u>**:

All eligible beneficiaries who have applied and complied with the conditionalities will receive payments through Direct Benefit Transfer (DBT) to their individual Bank/ Post Office Accounts that is specified by them in their application form(s) on approval by the competent authority.

a. Transfer of benefits would be through DBT in Bank/Post Office account only.
b. No disbursement would be made in the form of “cash” or “cheque”.
c. Mode of money transfer will be through banks and post offices which are on-boarded on PFMS.

The detailed guidelines of programme are hereunder :

**C) <u>Processing of claims</u>**:

1. ANM has to give the prescribed Application Form 1A to beneficiary at the time of Ante Natal Registration The prescribed form(s) can be obtained from the ANM free of cost.
2. The form(s) can also be downloaded from the website of Ministry of Women and Child Development (http://wcd.nic.in).
3. ASHA & ANM have to help the beneficiary to fill up the Form & to apply for Bank Account/ Post Office Account ( If not having any account ) & Adhaar ( If Not having Adhaar ID )
4. The beneficiary shall submit the prescribed application **Form 1-A**, complete in all respects, along with the relevant documents and undertaking/consent duly signed by her and her husband, at the AWC/ approved Health facility. While submitting the form, the beneficiary will be required to submit her and her husband’s Aadhaar details with their written consents, her/husband/family member’s Mobile Number and her Bank/Post Office account details.
5. The beneficiary should obtain acknowledgment from ANM for record and future correspondence.
6. The pregnancy of a beneficiary would be counted with respect to her LMP date as mentioned in the MCP card.
7. Every registered beneficiary under **PMMVY** will receive a Mother and Child Protection (MCP) Card from ANM of the locality. The MCP Card will be used as a means of verification of the conditionality (ies) for payment.

**D) <u>Processing of the claim for First Instalment:</u>**

a. For claiming the installment, the beneficiary shall submit duly filled up Form 1-A along with the relevant documents at the AWC/ Village/ Approved heath facility.
b. The beneficiary will be eligible to claim the first instalment under the scheme only if she registers her pregnancy at the AWC or with ASHA/ANM within a time frame of 5 months (i.e. 150 days) from the LMP date (both dates are as captured in the MCP card).
c. The processing for disbursement of benefits to the beneficiary shall be completed well before 30 days of registration at AWC/ Village/ approved health facility so that the benefits could be transferred within 30 days to the beneficiary from the date of registration under the scheme.
d. The individual desirous of availing benefits under PMMVY shall submit the details as prescribed in Registration Form & fulfilment of conditionalities in Form 1-A to AWW/ASHA/ANM along with requisite documents.
e. On receipt of complete application form and requisite documents, the AWW/ASHA/ANM will register the beneficiary under PMMVY and send the details within a week to Supervisor/ANM.

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f. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted every week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing/ online registration.

**E) <u>Processing of the claim for Second Instalment :</u>**

a. For claiming the second installment, the beneficiary shall submit duly filled Form 1-B along with the relevant documents to AWW/ASHA/ANM along with requisite documents.

b. The beneficiary shall submit the proof of fulfilment of conditionalities in Form 1-B along with photocopies of the requisite documents.

c. On receipt of complete claim form and requisite documents, the AWW/ASHA/ANM will send the details within a week to Supervisor/ANM for processing disbursement of second instalment of maternity benefit.

d. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted every week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing.

e. The processing for disbursement of second instalments of maternity benefits to the beneficiary shall be completed well before 30 days from the date of receiving claim in Form –1-B related to proof of fulfilment of conditionalities.

**F) <u>Processing of the claim for Third Instalment :</u>**

a. For claiming the installment, the beneficiary shall submit duly filled up Form 1-C along with the relevant documents to AWW/ASHA/ANM.

b. The beneficiary shall submit the proof of fulfilment of conditionalities in Form 1-C along with photocopies of the requisite documents.

c. The beneficiary must furnish details of her and her husband's Aadhaar, if not already furnished, in order to become eligible for receiving third instalment under PMMVY.

d. On receipt of complete claim form and requisite documents, the AWW/ASHA/ANM will send the details within a week to Supervisor/ANM for processing disbursement of third instalment of maternity benefit.

e. The proposal received from AWW/ASHA/ANM would be checked by Supervisor/ ANM, consolidated and shall be submitted within a week to the concerned CDPO/ Health Block Officer (Medical Officer) for the payment processing.

f. The processing for disbursement of third instalments of maternity benefits to the beneficiary shall be completed well before 30 days from the date of receiving claim in Form 1-C related to proof of fulfilment of conditionalities.

**G) <u>Bunching of Instalments :</u>**

i. No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect.

ii. The instalments may be claimed independently and not interlinked with each other, subject to fulfilment of eligibility criteria and conditionalities.

iii. A beneficiary can apply, at any point of time but not later than 730 days of pregnancy, even if she had not claimed any of the instalments earlier but fulfils eligibility criterion and conditionalities for receiving benefits.

iv. In cases where LMP date is not recorded in MCP card viz. a beneficiary is coming for claim of third instalment under the scheme, the claim in such cases must be submitted within **460 days** from the date of birth of the child beyond which period no claim shall be entertained.

(P.T.O.)

**Means for verification of the conditionalities**

| Condition | Means of Verification |
|---|---|
| **First Instalment** | |
| Early Registration of Pregnancy (within 150 days from the date of LMP) | MCP card duly certified by officer / functionary of Health Department not below the rank of ANM |
| **Second Instalment** | |
| Received at least one Antenatal Check-up (can be claimed after 6 months of Pregnancy) | MCP card duly certified by officer / functionary of Health Department not below the rank of ANM |
| JSY | Institutional delivery in Government hospitals, MCP card duly certified by facility incharge |
| **Third Instalment** | |
| Child birth is registered<br>Child has received first cycle of BCG, OPV, DPT and Hepatitis-B or its equivalent / substitute. | Photocopy of Birth Certificate (provisional) issued by competent authority of the State / UT<br>MCP card with immunization details duly by an officer / functionary of Health Department not below the rank of ANMs. |

**H) Payment to beneficiaries:**

All eligible beneficiaries who have applied and complies with the conditionalities will receive payments through Direct Benefit Transfer (DBT) to their individual Bank/ Post Office Accounts that is specified by them in their application form(s) on approval by the competent authority.

i. Transfer of benefits would be through DBT in Bank/Post Office account only.
ii. No disbursement would be made in the form of “cash” or “cheque”.
iii. Mode of money transfer will be through banks and post offices which are on-boarded on PFMS.

**I) PMMVY Register (Monthly Progress Reports) :**

PMMVY register (to be opened every financial year) has to be maintained at the Village by ASHA/ ANM (**Form 4)**. This register is meant to keep a record of all beneficiaries under a particular ANM/ ASHA area who have applied under the Scheme. The register needs to be filled in blue ink/ball point pen as per instructions given Annexure B.

This register will give the monthly progress report of the scheme which will be submitted to Supervisor

**Roles & Responsibilities -**

**ASHA**

ASHA has to confirm pregnancy with kit if beneficiary is first time pregnant, she has to inform her about PMMVY scheme .

ASHA has to assist ANM while registering pregnancy, issuing & filling up MCP cards and issuing Form 1 series

ASHA has to help the beneficiary in filling up the Prescribed forms & getting all the necessary documents . She has to counsel husband of the beneficiary & creating awareness .

ASHA has to maintain the monthly record of the all beneficiaries of the village in the form of a register i.e Form 4 series . It consist of two forms

- Form 4-A is the coverage page of monthly Progress Report ( MPR) for the reporting month
- Form 4-B is for recording the details of beneficiaries registered & their status . This form serves as the register for the year as well as the MPR . A beneficiary’s progress is tracked in this form until she exits from the scheme .

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**ANM**

ANM has to confirm pregnancy with kit if beneficiary is first time pregnant, she has to inform her about PMMVY scheme.
ANM has to register first pregnancy ( within 150 days of LMP ) , issue & fill up MCP cards and issue Form 1 series
ANM has to verify the necessary documents as per checklist before registering the Beneficiary
ANM has to help the beneficiary in filling up the Prescribed forms & getting all the necessary documents. She has to counsel husband of the beneficiary & creating awareness.
ANM has to maintain the monthly record of the all beneficiaries of the village in the form of a register i.e Form 4 series . It consist of two forms

- Form 4-A is the coverage page of monthly Progress Report ( MPR) for the reporting month
- Form 4-B is for recording the details of beneficiaries registered & their status. This form serves as the register for the year as well as the MPR . A beneficiary's progress is tracked in this form until she exits from the scheme.

**J) Corrections to Form(s) already submitted** :

- Application form(s) would be returned back to ANM on account of incorrect Aadhaar details (Beneficiary and/or Husband) and/or incorrect Bank/ Post-office account/ Post Office Account details, which in turn will be handed over to the concerned beneficiary .
- The ANM should contact the applicant and necessary corrections to the form(s) are to be made using a Fresh form.
- The Fresh form along with the Old form(s) should be submitted to the Supervisor for processing within 30 days of its receipt.
- In the event of migration of applicant, a message is to be sent to the applicant if feasible.

**K) Maintaining the PMMVY Register :**

An entry in the PMMVY register should be made as soon as a beneficiary has submitted the registration form. The register must be updated regularly for each application submitted by the beneficiary as soon as she fulfils the eligibility criteria for future Instalments.

Changes to the address, mobile number, Aadhaar number, bank/ Post-office account/ post office account number must be entered promptly.

For beneficiaries who have newly migrated into the locality or have migrated out of the locality should be recorded in the PMMVY Register if it comes to the knowledge of the ASHA/ANM as part of their routine work.

In the event of any corrections in the beneficiary details for form(s) already submitted, an entry must be made in the PMMVY Register against the beneficiary name along with the new date of submission.

In the event of a miscarriage or still birth, the same should be recorded in the PMMVY Register.

Information received from the higher processing authority regarding the status of registration, payments to the beneficiary and rejections should be recorded in the PMMVY Register.

Two copies of monthly records/MPR (Form-4 of Register) must be made of which one must be submitted to the PHC and one must be kept with the ANM.

(P.T.O.)

**L) Dissemination of Beneficiary Payments & Grievance Handling :**

Each month, a list of beneficiaries who have received payments would be provided by the Supervisor of PHC ; intimation to the beneficiary is to be given by the ANM with a request to verify their account for same.

**Details to be filled by ANM :**
Name & code No. of ASHA
Name of the Village & Code
Name of the ANM ( if code available)
Name of the SC
Name of the PHC
Name of the District
Name of the State

**Checklist of Documents enclosed –**

| S.No. | Document to be enclosed (photocopy to be enclosed) | Document Enclosed<br>Yes - Y<br>No - N<br>Not Applicable - NA |
|---|---|---|
| 1. | Aadaar Card of beneficiary | |
| 2. | Identity Card of beneficiary (in case Aadhaar not available | |
| 3. | Aadhaar Card of Husband | |
| 4. | Identity Card of husband ( in case Aadhaar not available | |
| 5. | Aadhaar Enrolment slip of beneficiary (in case Aadhaar not available) | |
| 6. | Aadhaar Enrolment Slip of Husband (in case Aadhaar not available | |
| 7. | MCP Card | |
| 8. | Page of Pass Book showing name, account number and bank name | |

Date of Registration under PMMVY at Anganwadi Centre/Village (dd/mm/yy)*: ----------/----------/----------
Date of submission to Supervisor/ANM (dd/mm/yy)*: ----------/----------/----------
ANM has to submit all the formats to Supervisor for verification.

**Role of Supervisor:**
Supervisor has to verify the information & documents with the checklist.
Supervisor has to validate & submit to the PHC Medical Officer.
Supervisor has to issue acknowledgement to the beneficiary with all the details.

Acknowledgement:
Village/Town Name: _____
ASHA Name & Code: _____
Village Code: _____
ANM Name: _____
Post Office Name: _____
SC Name: _____
PHC Name: _____
District: _____
State : _____

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Supervisor has to validate & consolidate the forms received from ANM & organise them in SC wise bundles for use of Data entry .
Supervisor has to check the forms are duly signed by ANM & all required documents are attached before data entry. If a form is not signed, the form must be immediately returned to the ANM for completion & resubmission.

**M) Training and Scheme Facilitation of AWW/AWH/ASHA/ANM**

a. The Supervisor must train the AWW/AWH/ASHA/ANM under her to explain the detailed guidelines of the PMMVY. Follow up sessions must be conducted at regular intervals in order to convey any changes in the scheme guidelines and to resolve any queries.
b. The enabling requirements for the scheme implementation such as adequacy of staff, coordination activities, stationery etc. are available for smooth operations.

**N) Collection, Verification and Acknowledgement of Form(s) :**

a. Organize to collect the form(s) from the Anganwadi Centre/ Health Facilities every week.
b. Check that the form(s) collected, have been duly verified and entered in the PMMVY Register.
c. Cross check the details with record available at AWC / Health facility.
d. Ensure all required documents are attached with the respective form(s) as mentioned in scheme guidelines.
e. In case of any problems identified in the above steps, the Supervisor must get the details corrected through the AWW/Health Worker.
f. Ensure that all acknowledgements have been given to the beneficiaries.
g. Acknowledge the receipt of forms from AWW/ Health worker.

**O) Submission of the Form(s) at PHC :**

a. Submit the form(s) collected from all Anganwadi Centre/Health Facilities at the Project Office/Health Block Office for further processing on the IT System.
b. Collect form(s) from the Project Office/Health Block Office that have been rejected by the IT system so as to get them corrected through the respective Anganwadi Centre/ Health Facility.

**P) Monitoring Activities :**

a. Collect the monthly reports/MPR from the AWWs/ASHAs/ANMs and submit a signed copy to the Project Office/ Health Block Office.
b. Ensure that the AWWs/ASHAs maintain a record of the submitted monthly reports and sign against it ensuring that the report has been submitted by AWW/ASHAs/ANMs.
c. Collect the report Anganwadi Centre/ Village/ Health Facility on status of registration in IT system and payment of beneficiaries from the Project Office/ Health Block Office. Give a copy of the report to the respective AWWs/ASHAs/ANMs and retain a copy for records.

**Q) Handling Exceptional Cases :**

a. As per the status report received from Project Office/ Health Block Office, ensure that necessary steps are taken by the AWW/ASHA for all beneficiaries whose registration or payment has failed due to incorrect or incomplete information.
b. Keep a record of updates in details of the beneficiaries.

(P.T.O.)

**R) Grievance Handling and Escalation :**

a. Solve all queries of the AWW/ASHA/ANM related to conditions and guidelines of the scheme.
b. Keep a record of these queries.
c. If there are recurring queries from AWWs/ASHAs/ANMs, try to explain the same to them through an orientation session in the upcoming fortnightly meeting.
d. For queries for which the Supervisor/ANM has limited knowledge or no knowledge like the payment status of a particular beneficiary, get relevant information from the Project Office/ Health Block Office and inform the AWW/ ASHA at the earliest.

**S) Proper maintenance of record :**

a. The forms submitted by beneficiary contains sensitive personal information such as Aadhaar number, bank/ post office account, medical history etc. Such details should be kept in safe custody in lock and key. The records may be destroyed as per procedure given in guidelines.
b. The forms should be handed over to authorised persons only.

**T) Role of Medical Officer :**

General Responsibilities

a. Plan and manage the successful scheme operation at the PHC level.
b. Ensure the availability of IT Systems (Hardware and Internet Connectivity), qualified personnel for data entry, and Stationery (Beneficiary Form(s), PMMVY Registers etc.) at the PHC Level and with supervisors and Sub Centres.
c. Ensure proper and regular training is provided on the scheme to all the personnel associated with the system.
d. Review performance and trends in benefit disbursements.
e. Prepare budgetary projections for their PHC and submit to the respective district nodal officer.
f. Coordinate with all respective stakeholders at the PHC Level to ensure the success of the scheme and ensure all activities of the Block Level PMMVY Cell are carried out properly.
g. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their PHC , as per agreed protocols.
h. Inform the District Nodal Officer in case of leaves of absence, in order to maintain tight control of access to the software solution.

Collection of Form(s) from Supervisor/ANM by CHO/ MPHEO

a. Consolidated the form(s) to be received from the Supervisors Sub Centre wise for ease of data entry.
b. Check that the form(s) are duly signed by the supervisors and all required documents are attached before data entry. If a form is not signed, the form must be immediately returned to the Supervisor for completion and re-submission.

Data Entry in PMMVY System

a. Enter the data from the form(s) into the system.
b. The data must be entered from the photocopies attached as far as possible, especially Aadhaar/ ID Number, Bank Office / Post Office account number.
c. In case of any unresolved discrepancy between the filled form(s) and the photo copies, must be returned to Supervisors/ANMs for corrective action.

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d. In case only Form 1-B or Form 1-C of a beneficiary, who is not registered in the system, are received, return the form(s) to the Supervisor/ ANM with the reason of incomplete documents. It is mandatory to fill Registration Form for any new beneficiary under the scheme irrespective of the instalment being claimed.
e. If a beneficiary comes for re-registration (cases of still birth or miscarriage or any other reason), check that the husband name and ID is the same as recorded in the system. If not, the form must be rejected.
f. The exit reason, for the identified beneficiary, must be entered in the system from the monthly performance report received for the respective month.
g. Before sanctioning, the details may be rechecked and update the discrepancies.
h. Refer to the User Manual of the software for any queries.

Updating Beneficiary Details in System

a. For the records which are rejected and become part of the correction queue, cross check the details of the list of beneficiaries in the correction queue with their documents and make required changes.
b. In case of UIDAI and PFMS verification errors in a beneficiary record, write the rejection reason captured in the software on the physical form of the beneficiary.
c. Make Anganwadi Centre/ Health Facility wise bundles of erroneous physical form(s) and handover to respective Supervisor/ANM for corrective action.
d. Update the correct details of beneficiaries in correction queue after updated details are received from the Supervisor/ANMs.
e. Make update in beneficiary details in the system, if Beneficiary Details Update Form 3 is received for any beneficiary from the supervisors/ANMs.
f. Update beneficiary exit cases based on Anganwadi wise monthly reports received from supervisors/ANMs.

Approvals of Beneficiary Registration and Instalment Claims

a. Regularly log into the PMMVY software application and approve the registrations and instalment claims of the beneficiaries after verification of data entered.
b. Cross check if the data entered matches the physical form(s) received especially for the exceptional cases.
c. Reject the registration records of the beneficiaries, which are found to be erroneous and provide guidance on rectifications.
d. All the approved records must fulfil the conditions laid down in the scheme guidelines.

Reports Generation

a) Generate an Anganwadi Centre/ Village wise registration and payment status report and handover to respective Supervisor/ANM
b) For any report generated Aadhaar Number of beneficiary should be masked in xxxx xxxx 1234 format.

Storage of Physical Form(s)

a. All the original physical form(s) and monthly reports which have been entered in the system must be stored/need to be stored in a safe place by the officials in possession of the document (Field Functionaries, CDPO/MO) and will be shared/ transferred with/to an authorized personnel only, if the sharing/transfer is justified under the guidelines of the scheme.
b. Make Anganwadi Centre/ Health Facility wise bundles of form(s) and keep them safely under lock and key.
c. The documents should be shredded after two years from the date of archiving of document.

(p.t.o.)

d. Aadhaar and Bank/ Post Office details of any beneficiary must never be made accessible to any unauthorized person. All physical documents with Aadhaar details must be kept confidential.

Periodic Review of PMMVY Implementation

a. Conduct field visits to Anganwadi Centres/ Health facilities on a quarterly basis and check a random sample of records to ensure that all registers and reports are maintained regularly in required formats.
b. Meet some beneficiaries in order to understand any issues related to the scheme.
c. Create reports of such visits and highlight any critical issues to the DNO for corrective action.

Grievance Handling and Escalation

a. Maintain a detailed log of all queries received from the field functionaries.
b. Assist the Supervisors in resolving these issues.
c. Escalate any unresolved issues to the District Nodal Officer which are out of the scope of CDPO/ Health Block Office.
d. Analyse the nature of issues and organize sessions for field functionaries for recurring problems.
e. Report any system related issues to the state level helpdesk if they can't be resolved through the user manual.
f. DNO, as convener of Block/ Project level monitoring committee will ensure that all the pending issues/ grievances are brought to the notice of the monitoring committee.

Roles of DM&HOs –

General Responsibilities

a. Plan and administer the scheme operation at the district level.
b. Ensure the availability of IT Systems (Hardware and Internet Connectivity), appropriate data, and qualified personnel.
c. Ensure comprehensive training is provided to all the personnel regarding the system and the scheme.
d. Prepare budgetary projections in consultation with the block level authorities and get the same approved.
e. Review district expenditures, performance and trends in benefit disbursements.
f. Coordinate all activities of the District Level PMMVY Cell and ensure implementation of the action items.
g. Facilitate the payment of incentives to the field functionaries as maybe applicable under the scheme.
h. Facilitate rectification of any data errors (and follow up actions thereon) resulting from system malfunction or security breach for their district, as per agreed protocols.

Setup in the PMMVY System

a. Maintain the block/Project level information in the system along with mapping it with the Field Functionaries within their district.
b. Setup the authorized users at the Block/Project Level who will have the power to sanction approvals of benefits under the scheme.
c. Manage work allocation of sanctioning authorities during absence and handover/takeover to ensure tight control of access to the software solution.
d. Coordinate any requirements related to technical support with the state technical team.

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Grievance Handling

a. Ensure all cases escalated to him are cleared on a fortnightly basis.
b. Ensure all queries and cases outside his functional jurisdiction should be brought to the attention of the State/UT Nodal Officer.
c. DNO, as convener of the District level monitoring committee will ensure that all the pending issues / grievance brought to notice of monitoring committee.

**Instructions for the Anganwadi Worker/Health Worker for filling up PMMVY Forms**

*(The forms needs to be filled in blue/black ball point pen)*

**1.1. Introduction:**

The details of forms which will be dealt by AWW/Health worker are as follows:

i. **Form 1 series** is for registration and claiming various instalments of maternity benefit under the scheme. This series consists of three forms**:**
   - ***Form 1-A*** is the form to be filled for registration of a new beneficiary under the scheme at any stage and for claiming first instalment under the scheme.
   - ***Form 1-B*** is the form to be filled for the beneficiary to claim the 2nd Instalment.
   - ***Form 1-C*** is the form to be filled for the beneficiary to claim the 3rd Instalment.

ii. **Form 2 series** is for Aadhaar seeding of Bank/Post office account and for Aadhaar enrolment and change/update in details registered with UIDAI. The series consists of three forms:
   - ***Form 2-A*** is the form to be filled by the beneficiary for Aadhaar seeding of her Bank Account, if not seeded earlier.
   - ***Form 2-B*** is the form to be filled by the beneficiary for Aadhaar seeding of her Post Office Account, if not seeded earlier.
   - ***Form 2-C*** is the form to be filled by the beneficiary/ her husband to enrol for Aadhaar or update details registered with UIDAI.

iii. **Form 3** is for updating of details such as mobile number, Address, Aadhaar details, bank details and replacing Identity Proof with Aadhaar.

iv. **Form 4 Series** is the monthly record of all beneficiaries in the AWC/Village/Approved Health Facility. It can be maintained in the form of a register. It consists of two Forms;
   - ***Form 4-A*** is the cover page of Monthly Progress Report (MPR) for the reporting month.
   - ***Form 4-B*** is for recording the details of beneficiaries registered at AWC/Village/Approved Health Facility and their status. The status at the end of month shall be reported to the Supervisor/ANM in the form of MPR. This form serves as the register for the year, as well as the MPR. A beneficiary's progress is tracked in this form until she exits from Scheme.

**1.2. General Instructions**:

i. **The Fields marked mandatory must be filled. The AWW/ASHA/ANM should accept only those forms where mandatory fields have been duly filled up.**

ii. **In case when an option is not applicable, it must be struck off.**

*For example:* If the name of Supervisor/ ANM is asked, "*ANM*" must be struck off in case when the form is being filled in State/ UT where WCD is the implementing department and vice versa.

iii. Before registering the beneficiary, verify the enclosed documents as per checklist in the form.

(p.t.o.)

iv. The AWW/ASHA/ANM must submit the form to Supervisor/ANM within 1 week from date of registration/receipt of application for claim.
v. The filled up form should be submitted to authorise personnel only.
vi. The filled up form(s) retained at AWC/Village/Approved Health Facility must be kept in safe custody per instructions given in section 6.1.2.
vii. The claim received after 730 days from the date of LMP should not be entertained. In such cases, the application should not be registered under PMMVY.

**1.3.** Form 1-A: Application for Registration under PMMVY and First Instalment
The AWW/ ASHA /ANM has to assist the beneficiary in filling up the registration form. The following guidelines must be adhered to while filling up each section of the form:

1. The following details of the beneficiary have to be captured for successful registration:
   i. Check whether the beneficiary has an Aadhaar Card. If yes go to ii), else go to iv) and/or v).
   ii. Fill up the name of the beneficiary as mentioned in her Aadhaar card.
   iii. Fill up the beneficiary's Aadhaar number. All the 12 digit Aadhaar number of the beneficiary must be written clearly in the form. The AWW/ ASHA /ANM must ensure that the complete and correct Aadhaar number has been written in the form. Please also enclose a photo copy of the Aadhaar Card.
   iv. If the beneficiary does not possess an Aadhaar Card, complete Aadhaar Enrolment ID number is to be filled up, in case already registered for Aadhaar enrolment.
   v. Further, fill up the name of the beneficiary as per Alternate Identity Card it must exactly match with the name as mentioned in the Alternate Identity Card. For example: The bank/post office account details may be considered as Alternate ID.
   vi. Fill up the Alternate ID Number and enclose a copy of the Alternate Identity Card.
   vii. Please select the Alternate Identity Card provided from the list given.
2. The details of the husband of the beneficiary have to be captured for successful registration:
   a. Check whether the husband has an Aadhaar Card. If yes go to ii), else go to iv). **Fill up i–vii** details as explained 1 above.
3. Fill up the current residential address of the beneficiary.
4. Fill up the 10-digit mobile number of the beneficiary, if she has. This is not mandatory but required to send SMS updates. She can also give the mobile number of her family members, if she desires so.
5. Correctly tick the appropriate field.
6. Fill up the Last Menstrual Period (LMP) date of the beneficiary from the MCP card (Enclose a photocopy of the MCP Card). Ensure the date is in dd/mm/yyyy format. This field is mandatory for claiming 1st and/or 2nd installment under the scheme.
7. Fill up the Date of registration of MCP card at AWC/ Village / Approved Health Facility (Enclose a photocopy of the MCP Card). Ensure the date is in dd/mm/yyyy format. This field is mandatory for claiming any installment under the scheme. This date will be used as date of registration of pregnancy of the beneficiary.

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8. Fill up the number of living children of the beneficiary as on the date of filling up the application. Note: The beneficiary is eligible for claiming benefits under the scheme only for first living child of family
9. Fill up the Category to which the beneficiary belongs. Choose 'SC' or 'ST' if she belongs to Scheduled Caste or Scheduled Tribe respectively. For all other categories, select 'Others'.
10. Fill up the complete Bank or Post Office account details of the beneficiary. It should be ensured that the bank/post office account should be in the name of the beneficiary only. Joint account is not acceptable. It must be ensured that beneficiary provides a copy of the Passbook showing Name, Account Number, and Bank Name.

    **Note:** The following points must be kept in mind while giving the details of the bank/post office account:

    a. The bank/post office account must be Aadhaar seeded in case beneficiary has Aadhaar number.

    b. If the bank/post office account of the beneficiary is not Aadhaar seeded, she must visit her bank/post office branch and get her account seeded with her Aadhaar card by submitting the Form 2-A Form and relevant documents. AWW/ASHA/ANM will facilitate the seeding process by assisting in filling up of the form and its' submission to the bank/post office branch concerned.

    c. The bank account must be in a bank having Core Banking Solution
    - Core Banking Solution (CBS) is networking of branches, which enables Customers to operate their accounts, and avail banking services from any branch of the Bank on CBS network, regardless of where he maintains his account.

    d. The beneficiary must provide the following details in case of an Aadhaar seeded bank/ post office account:

        i. Name of the beneficiary exactly as mentioned in the passbook of the Aadhaar seeded account
        ii. Correct account number of the Aadhaar seeded account as mentioned in the passbook.
        iii. Name of the Bank/ I.P.P.B Branch Name in which the Aadhaar seeded account is maintained.
        iv. Name of the Bank Branch (as mentioned in passbook) in which the Aadhaar seeded account is maintained.
        v. IFSC of the Bank Branch (as mentioned in passbook) in which the Aadhaar seeded account is maintained.
        vi. Address of the Post Office in which the Aadhaar seeded account is maintained.
        vii. Pin Code of the Post Office in which the Aadhaar seeded account is maintained.
        viii. Fill up Yes/No as per Aadhaar and Bank Account/ Post Office Account seeding.

    e. The mode of money transfer will be through banks and post offices which are on-boarded on PFMS. Hence, if the beneficiary must provide account details for a PFMS on-boarded bank/post office.

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11. Fill up whether the beneficiary had registered for the old MBP scheme (IGMSY). If she had registered, the instalments that she received through that scheme need to be filled up in field 12 of this form.
12. Tick the appropriate column, if answer to field 11 of this form was yes.
13. The undertaking must be signed by the beneficiary. The declarations whichsoever is not applicable (out of c.i and c.ii) must be struck off. False declaration is liable for legal action as per law.
14. This undertaking must be signed by the husband of the beneficiary. The declarations whichsoever is not applicable (out of a.i and a.ii) must be struck off. False declaration is liable for legal action as per law.
15. Enter the ID number of beneficiary as recorded in MCP card.
16. The AWW/ ASHA /ANM has to fill up certain details regarding themselves and the beneficiary who has come to them for enrolment under the scheme. They have to ensure all the details are correct before signing with the place (name of the village) and date, and that the form will stand rejected if the mandatory fields are not filled.
    a. Anganwadi Centre/Approved Health Facility
    b. Anganwadi Centre Code (in case WCD/ Social welfare is the implementing department)
    c. Village / Town Name
    d. Village Code
    e. AWW/ASHA/ANM Name
    f. Post Office Name
    g. Project/Health Block Name
    h. District Name
    i. State/UT name
    j. Important: Date of Registration of Pregnancy in dd/mm/yyyy format.
    k. Important: Date of Submission of Beneficiary's Form to respective Supervisor or ANM in dd/mm/yyyy format.
17. The field functionary filling up the form must ensure that all the mandatory documents are enclosed along with the forms to be submitted and 'Y' is written in case it is enclosed and 'NA' if the document is not applicable to be enclosed.
18. The Supervisor/ANM must verify that all the details provided in the form have been correctly entered.
19. The AWW/ ASHA /ANM must fill and sign an acknowledgement copy which will be given to the beneficiary. It will have the following details:
    a. Anganwadi Centre/ Approved Health Facility Name
    b. Anganwadi Centre/ Village Code
    c. AWW/ ASHA /ANM Name
    d. Village/ Town Name
    e. Post Office Name
    f. Sector Name
    g. Project Name
    h. District Name
    i. Name of State or Union Territory
    j. The Name of Beneficiary and the Date she had come for Registration
    k. The AWW/ ASHA /ANM must sign the acknowledgement and mention the date and place (name of village/town) where it was signed, before handing the acknowledgement copy to the beneficiary.

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**Important:**

- The AWW/ ASHA /ANM must inform the beneficiary that she must keep the acknowledgement safely as she will have to submit it while applying for the subsequent instalment.
- The AWW/ ASHA /ANM must submit these completes forms to her Supervisor / ANM
- The Supervisor / ANM must sign the verification after validating the following:
    - The form is complete- all fields marked mandatory in the form must be correctly filled.
    - All required documents are attached with the form:
        - Copy of beneficiary Aadhaar card/ Alternate ID
        - Copy of beneficiary's husband's Aadhaar card/ Alternate ID
        - Copy of beneficiary's bank/ post office account passbook.
- The Supervisor / ANM should submit all complete and valid forms to the Project Office for data entry.
- The AWW/ ASHA /ANM must keep a photocopy of the filled forms to be maintained at the AWC/ Village. In absence of a Xerox copy, she must fill the details on another form without taking the signature of the beneficiary.
- The AWW/ ASHA / ANM should put up the list of beneficiaries, received through the Supervisor/ANM, successfully registered and who have received the first instalment.
- **Early Registration of Pregnancy:** The beneficiary will be eligible to claim the first installment under the scheme only if she registers her pregnancy at the AWC or with ASHA/ANM within a timeframe of 5 months (i.e. 150 days) from the LMP date (both dates are as captured in the MCP card).

**1.4.** Form 1-B: Submission of fulfilment of Condition by Beneficiary (Second Instalment) **[The Form 1-B to be filled only after 6 months of her pregnancy.]**

The AWW/ ASHA /ANM has to assist the beneficiary in filling up the form for receiving the second instalment under the scheme. The following guidelines must be adhered to while filling up the form:

1. The beneficiary must fill her name as given during registration under the scheme in Form I-A. The beneficiary to submit a copy of acknowledgment slip of First Instalment in case she is already registered to the AWW/ASHA/ ANM. The beneficiary must fill the correct name of the AWC/ Village where she had filled the registration form. The name of Anganwadi Centre / Approved Health Facility /Village where the beneficiary had registered should also be mentioned as in Form 1-A.
2. Fill up the relevant details.
3. The beneficiary must provide the date of registration under the scheme (should be as given during registration under the scheme in Form 1-A).
4. The date of ANC as recorded in the MCP card. In case of more than one ANC, the first one will be recorded.
5. Tick appropriate field.
6. Fill up the date on which claim for 2nd Instalment along with duly filled up form is submitted by the beneficiary.

(p.t.o.)

7. Enter the ID number of beneficiary as recorded in MCP card.
8. Fill up the appropriate details.
9. The field functionary must ensure that all the mandatory documents are enclosed along with the duly filled up forms as per checklist before registering the claim for second instalment.

**Important:**

- The AWW/ ASHA /ANM must inform the beneficiary that she must keep the acknowledgement safely as she will have to submit it while applying for the third instalment.
- The AWW/ ASHA /ANM must submit these completes forms to her Supervisor / ANM
- The Supervisor / ANM must sign the verification after validating the following:
    - The form is complete- all fields marked mandatory in the form must be correctly filled.
    - All required documents are attached with the form:
        - Copy of beneficiary Aadhaar card/ Alternate ID
        - Copy of beneficiary MCP Card.
- The Supervisor / ANM should submit all complete and valid forms to the Project Office for data entry.
- The AWW/ ASHA /ANM must keep a photocopy of the filled forms to be maintained at the AWC/ Village. In absence of a Xerox machine, she must fill the details on another form without taking the signature of the beneficiary.
- The AWW/ ASHA / ANM should put up the list of beneficiaries who have received the second instalment.

**1.5.** Form 1-C: Submission of fulfilment of Condition by Beneficiary (Third Instalment)

The AWW/ ASHA /ANM has to assist the beneficiary in filling up the form for receiving the third instalment under the scheme. The following instructions must be adhered to while filling up the form:

The beneficiary should fill her name as given during registration in Form 1-A. The beneficiary to submit a copy of acknowledgment slip of previous Instalment claimed in case she is already registered under the scheme. In absence of the acknowledgment slip, the beneficiary will have to fill the registration form [Form 1-A] again.

2. The beneficiary must fill her 12 Digit Aadhaar Number and enclose copy of her Aadhaar.

   **Important:** The beneficiary should be made aware that to receive the 3rd Instalment she must mandatorily furnish her Aadhaar Details.
3. Record the date of delivery in dd/mm/yyyy format.
4. Tick the appropriate column.

    i. If the child was delivered in a government approved health facility, write the name of the health facility. Here, the Government approved Health facility includes institutional delivery in private hospitals recognised by the Government.
5. Tick the appropriate column.

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6. Tick the appropriate column.
7. Enter the details as recorded in the MCP card.
8. Enter the date of completion of first cycle of immunization of child as per **Annexure L**. The AWW/ASHA/ANM should check whether all the scheduled vaccines up to 3 ½ months have been given to child. The first cycle of immunization consists of vaccine doses of BCG, Hepatitis B (Birth, 1, 2, and 3), OPV (0, 1, 2 and 3), DPT (1, 2, 3); or equivalent.
9. Tick the appropriate column.
10. The beneficiary must submit a copy of:
    i. Child's Birth Certificate
    ii. MCP Card
    iii. Beneficiary's Aadhaar Card.
    iv. Acknowledgement Slip of previous installment
11. Enter the ID number of beneficiary as recorded in MCP card.
12. Details to be filled up by AWW/ASHA/ANM relating to their AWC/Village/Health Facility.
13. The field functionary filling up the form must ensure that all the mandatory documents are enclosed along with the forms to be submitted and 'Y' is written in case it is enclosed.
14. The AWW/ ASHA /ANM must fill and sign the acknowledgement slip which will be given to the beneficiary.
15. The beneficiary must sign the form/ provide her thumb impression along with the place (name of village/town) and date after checking all details provided by her are correct.

**Important:**

- Inform the beneficiary that she must keep the acknowledgement safely for future reference.
- The AWW/ ASHA /ANM should submit complete forms to her Supervisor / ANM
- The Supervisor/ ANM must sign the verification after validating the following:
    - o The form is complete- all fields marked mandatory in the form are correctly filled up.
    - o All required documents are attached with the form.
- The Supervisor/ ANM should submit all complete and valid forms to the CDPO/MO (Health block).
- The AWW/ ASHA /ANM must keep a copy of the forms submitted to Supervisor/ANM and must record details in Form 4-B.

***Important:*** *In case LMP date is not recorded on MCP card, the application received after 460 days from the date of birth of the child are not eligible.*

**1.6.** Bunching of Benefits:

The AWW/ASHA/ANM should refer to the guidelines mentioned below and the table to understand course of action in cases where the beneficiary submits the claim for more than one installment/ or directly for 2nd or 3rd installment. Beneficiaries should apply preferably just after fulfilment of conditionalities to make proper use of the benefits received under the scheme towards meeting the scheme objectives. In case she could not apply within the normal time frame, the following may be considered:

i. No maternity claim under the scheme shall be admitted after 730 days of pregnancy. LMP registered in the MCP card will be the date of pregnancy to be considered in this respect.

(p.t.o.)

ii. The instalments may be claimed independently and not interlinked with each other, subject to fulfilment of eligibility criteria and conditionalities.

iii. A beneficiary can apply, at any point of time but not later than 730 days of pregnancy, even if she had not claimed any of the instalments earlier but fulfils eligibility criterion and conditionalities for receiving benefits.

iv. In cases where LMP date is not recorded in MCP card viz. a beneficiary is coming for claim of third instalment under the scheme, the claim in such cases must be submitted within **460 days** from the date of birth of the child beyond which period no claim shall be entertained.

2. In the reference 1st read above, the Commissioner of Health & Family Welfare, A.P., Vijayawada, has submitted proposals for implementation of the PMMVY (maternity Benefit Programme) as per the Scheme Guidelines issued vide reference 2nd read above and also to approve the Programme Implementation Committees as stated therein.

3. The Government, after careful examination of the above, hereby order for implementation of PRADHAN MANTRI MATRU VANDANA YOJANA (PMMVY) Programme in the State prospectively, duly following the guidelines issued by GoI in the reference 2nd read above and also constitute the following Committees for implementation of the Programme:

**At State Level**:

| | | |
|---|---|---|
| 1 | Principal Secretary to Govt. HM&FW Dept., | Chairperson |
| 2 | Principal Secretary to Govt. W&C Welfare Dept., | Member |
| 3 | Principal Secretary to Govt. MA&UD Dept., | Member |
| 4 | Principal Secretary to Govt. PR&RD Dept., | Member |
| 5 | Principal Secretary to Govt. Tribal Welfare Dept., | Member |
| 6 | Principal Secretary to Govt.,Social Welfare Dept., | Member |
| 7 | Principal Secretary to Govt. Finance Dept., | Member |
| 8 | Commissioner, Health & Family Welfare, A.P. | Member (Convener) |

**HOD Level Committee**

| | | |
|---|---|---|
| 1 | Commissioner of Health & Family Welfare AP, | Chairperson |
| 2 | Director of Public Health & Family Welfare, AP | Member |
| 3 | Director of Medical Education, AP, | Member |
| 4 | Commissioner, APVVP | Member |
| 5 | Additional Director (MCH) | Member (Convener) |
| 6 | Joint Director MHN | Member |
| 7 | Joint Director CHI | Member |
| 8 | Joint Director (W&C) Welfare Dept., | Member |
| 9 | Deputy Director (Demography) | Member |
| 10 | Chief Finance Officer (NHM) | Member |

**District Level Committee:**

| | | |
|---|---|---|
| 1 | District Collector | Chairperson |
| 2 | DM&HO | Member (Convener) |
| 3 | DCHS, | Member |
| 4 | PO ICDS | Member |
| 5 | Superintendent, Teaching Hospital | Member |
| 6 | PD, DRDA | Member |

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**Tribal Area Committee**:

| | | |
|---|---|---|
| 1 | Project Director ITDA | Chairperson |
| 2 | Addl. DM&HO | Member (Convener) |
| 3 | APD, DRDA | Member |
| 4 | CDPO,ICDS | Member |
| 5 | Superintendent, Area Hospital | Member |

5. The Commissioner of Health & Family Welfare, A.P., Vijayawada shall take further action accordingly.

**(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)**

**POONAM MALAKONDAIAH**
**PRINCIPAL SECRETARY TO GOVERNMENT**

To:
The Commissioner of Health & Family Welfare, A.P., Gollapudi, Vijayawada.
The Special Commissioner, Women & Child Welfare Department
All the HoDs under the administrative control of the HM & FW Dept.
All the Members of the State / District / Tribal Committees through
the Commissioner of Health & Family Welfare, A.P., Gollapudi, Vijayawada.
Copy to :
The Chief Secretary, Government of Andhra Pradesh
The Secretary, Women & Child Welfare Department
The Principal Accountant General, A.P., Hyderabad.
The Director of Treasuries & Accounts, A.P., Vijayawada.
The OSD to Secretary to Chief Minister, A.P.
The P.S. to Minister (H&ME).
Sf./Sc.

**// FORWARDED :: BY ORDER //**

**SECTION OFFICER**